



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 3.1.8B	Subject: TASER DEPLOYMENT
Reference: DOC Policy No. 3.1.8	Page 1 of 4 and one attachment
Effective Date: November 25, 2005	Revision: (new effective date) January 31, 2011
Signature / Title: /s/ Mike Mahoney / Warden	

I. PURPOSE

To restrict the use of Taser deployment to instances of justifiable self-defense, protection of others, protection of property, prevention of crime (including escape or riot), control of inmates who refuse to obey the facility rules, and/or to prevent serious injury to Department employees and/or inmates. Only the minimum amount of force necessary will be used to control an inmate or a situation in the facility.

II. DEFINITIONS

Deployment - the shooting of projectiles from a Taser X-26.

Discharge - triggering of a Taser X-26 without a cartridge of projectiles attached. This will include "Drive Stun" techniques.

Drive Stun - the application of a Taser X-26 to a person, without a cartridge of projectiles, by pushing the electrodes into large muscle groups and activating the trigger.

III. PROCEDURES

A. Responsibilities

1. Montana State Prison is responsible for establishing the requirements contained within this operational procedure.
2. All personnel are responsible for complying with the requirements contained within this operational procedure.
3. The Warden or designee is responsible for ensuring that personnel are properly trained in the use of a Taser before allowing them to carry and/or use this equipment.
 - a. Training will be conducted by staff instructor(s) certified through Taser International and MT POST Council.
 - b. Instructors will utilize the current training curriculum for the Taser.
 - c. Exposure to the Taser will be optional for trainees and will not be required to successfully complete the training and receive certification.
 - 1) Trainees who volunteer to be exposed must read and sign a Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue form (attachment A) before being exposed to the Taser.
 - 2) The optional exposure will only be fired by a certified instructor.
 - 3) Exposure will be limited to no more than three seconds in duration, measured via the exposure limiting capabilities built into the Taser device.
4. Staff certified to use the Taser will be responsible for the constant control and safety of the Taser unit assigned to them.
5. The Armorer or designee is responsible for performing inspections of the Taser units each month. Any batteries three years or older will be discarded or replaced. The Armorer or designee will also perform an annual function test including an inspection of the cartridges for their 5-year expiration date.

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B. Procedural Guidelines

1. Issuance:
 - a. Taser units will be secured in a locked and secure area when not in use.
 - b. Taser units will be issued only by the Armorer or designee. The designee will typically be the IPS supervisors or Shift Commander.
 - c. The Armorer or designee will only issue a Taser unit to employees currently certified to use the Taser X-26 and approved by the Security Major.
 - d. Each person issued a Taser shall be issued a minimum of two duty cartridges. Note: Non-conductive cartridges are blue in color and must not be issued as a duty cartridge.
2. Deployment:
 - a. The Taser may only be deployed/discharged as instructed and certified in training. It is not intended to replace firearms or self-defense techniques.
 - b. The Taser is listed in the Use of Force Continuum at the same level as OC and prior to impact munitions. The Taser may be used in place of OC based on the staff member's observations of the situation and what the staff member determines to be the safest and most effective option, given the circumstances.
 - c. Taser deployment may be used to control non-compliant, dangerous, and or violent subjects when verbal commands have proved ineffective, it is anticipated the device will result in fewer serious injuries to staff and inmates, and appropriate control techniques as dictated in the Use of Force Continuum have been ineffective.
 - d. Whenever possible, and the situation permits, a Taser will not be deployed or discharged without a supervisor present.
 - e. Tasers will not be used:
 - 1) on persons 75 years of age and older;
 - 2) when flammables are present
 - f. The Taser may be deployed out to 25 feet, but optimal range is 12 to 18 feet.
 - g. The Taser may be discharged on contact (drive stun) with the subject.
 - h. When deployed, the primary consideration will be shot placement. The head, face, neck, chest and groin will not be targeted areas. Center of mass or other large muscle groups will be the targeted areas.

C. Medical Considerations

Persons who have been subjected to a Taser shall be treated as follows:

1. After any use of the Taser on an inmate subject, the user must advise MSP health care staff of the exposure and seek a medical evaluation of the affected inmate. Once the inmate is under control, the Taser user shall advise MSP health care staff of the approximate time of exposure. If the probes penetrate the inmate's skin, they shall be removed by trained or medical staff, and then treated with a disinfectant to sterilize.
2. If the probes are embedded in soft tissue areas such as the head, neck, chest, face and groin, removal will be by medical staff only. Staff must ensure a sample probe is sent with the inmate to the hospital or infirmary to show to the medical staff treating the subject.
3. MSP health care staff will not be utilized for exposures involving training volunteers, unless there is an emergency or accident. They may be utilized to deal with the initial care of accidental staff exposures.

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D. Reporting Requirements

1. Inmate Exposures *(failure to report any deployment or discharge as outlined below when dealing with an inmate, whether intentional or accidental, will be treated as a possible criminal offense and regarded as willful, unprofessional conduct that will result in disciplinary action up to possible dismissal).*
 - a. The staff member responsible for the deployment or discharge will report the incident to the Shift Commander prior to the end of the shift in which the incident occurred as a Priority II incident using an Incident Report form. The report must include:
 - 1) an account of the events leading to the use of force;
 - 2) an accurate and precise description of the incident and reasons for employing force;
 - 3) a description of the weapons used and manner in which they were employed;
 - 4) a description of injuries suffered, if any, and the treatment given or received; and
 - 5) a list of all participants and witnesses.
 - b. Attending health care staff will submit a medical incident report to the Shift Commander for inclusion in the Use of Force Information Sheet.
 - c. If significant details were not provided in the initial report, the involved staff will submit any and all supplemental information and final reports to the Shift Commander within 72 hours of the incident.
 - d. The Shift Commander will prepare and submit to the Security Major a Use of Force Information Sheet for any deployment or discharge, including a full description of incident details and supporting evidence not limited to:
 - 1) a copy of all incident reports compiled as a result of the incident;
 - 2) a copy of all medical reports where active counter measures or deadly force was used, even when there are no apparent injuries;
 - 3) any videotape or photographs relating to the incident; and
 - 4) a copy of any related inmate disciplinary infraction reports.
 - e. The Security Major will maintain a log to document all use of force incidents and shall submit the log to the Warden in his monthly report.
 - f. The Armorer or designee will conduct verification of all reports through the Taser X-26 software. A print out of the verification data will be attached to all use of force cover sheets.
 - g. The Warden or designee will evaluate the incident, materials, and reports on all taser deployments on the next working day by preparing a Use of Force Evaluation Report. The Warden will provide the information to the DOC Director in his bi-monthly report.
 - h. After completion of administrative review and investigation, the Security Major or designee will forward copies of all use of force incident information to:
 - 1) the DOC Investigation Bureau Chief for review and filing; and
 - 2) the DOC Professional Development Bureau Chief for review and potential training revisions.
 - i. Reports of all injuries are to be filed in the inmate's central file or the employee's personnel record.

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2. **Accidental Staff Exposures**

- a. The staff member responsible for the deployment or discharge will report the incident to the Shift Commander prior to the end of the shift in which the incident occurred using an Incident Report form. The report must include:
 - 1) an account of the events leading to the deployment or discharge;
 - 2) an accurate and precise description of the incident and reasons for checking out the taser device;
 - 3) a description of the manner in which the taser was being employed;
 - 4) a description of injuries suffered, if any, and the treatment given or received; and
 - 5) a list of all participants and witnesses.
- b. All staff participants and witnesses will report the incident to the Shift Commander prior to the end of the shift in which the incident occurred using an Incident Report form. The report must include:
 - 1) an account of the events leading to the deployment or discharge;
 - 2) an accurate and precise description of the incident and reasons for checking out the taser device;
 - 3) a description of the manner in which the taser was being employed;
 - 4) a description of injuries suffered, if any, and the treatment given or received; and
 - 5) a list of all participants and witnesses.

IV. CLOSING

Questions regarding this procedure can be directed to the facility Warden, Deputy Warden, Security Major, or Armorer.

V. ATTACHMENTS

Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue form attachment A



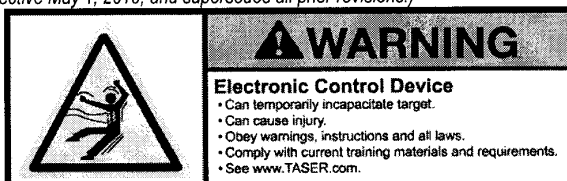
Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue

If TASER® electronic control device (ECD) Exposures are performed they must be performed by a TASER certified instructor¹ or an authorized TASER distributor (for non-US ECD demonstrations only). This document incorporates all current TASER ECD warnings by reference

All volunteers must read and sign this form PRIOR to any TASER ECD Exposure.

IMPORTANT ECD PRODUCT SAFETY AND HEALTH INFORMATION

Read, understand, and follow current TASER training, safety instructions, and warnings before experiencing a TASER ECD Exposure. (This document is effective May 1, 2010, and supersedes all prior revisions.)



When lawfully used as directed, ECDs are designed in probe-deployment mode to temporarily incapacitate a person from a safer distance than some other force options, while reducing the likelihood of death or serious injury. Any use of force, physical exertion, capture, control, restraint, or incapacitation involves risks that a person may get hurt or die.

SAFETY INFORMATION: GENERAL PRECAUTIONS

XREP™ Training Rounds. Do not fire XREP Training Rounds at humans or animals. The XREP Training Round will cause penetration wounds resulting in death or serious injury. The XREP Training Round is intended solely for practice target shooting in order to gain familiarity with the flight profile of the XREP ECD.

Spotters. All persons taking a TASER ECD Exposure must be properly supported by spotters so they do not fall or must be lying down on a mat. Each spotter should hold an upper arm under the armpit, so that the person can be safely supported and lowered to the ground after being hit without twisting or putting undue stress on the arm or shoulder. If probes are deployed in lieu of attaching spent wires or alligator clips, then eye protection is required for both the spotters and the person being exposed. Provided that no probes are attached to the person's arms, there should be no electrical pulses flowing into the spotters and they can safely support the person being exposed without negative impact.

No Minors. Because of parental/guardian consent issues, no minor will be exposed to a TASER ECD as part of a training course, demonstration, or otherwise.

Unintentional Deployment Hazard. Unintentional ECD activation could result in death or serious injury to the User, force recipient, and others. Follow and comply with the following instructions to reduce the risk of unintentional Use, deployment, or activation.

Keep Body Parts away from Front of ECD or Cartridge. Keep your hands and body parts away from the front of the ECD and cartridge, unless instructed otherwise. A discharging ECD or cartridge could result in serious injury.

Avoid Static Electricity. Keep the cartridge away from sources of static electricity. Static electricity can cause the ECD or X26™ or M26™ cartridge to discharge unexpectedly, which could result in serious injury.

Beware of Electronic Equipment Interference. Interference from electronic transmission equipment in close proximity to the ECD could interfere with the proper operation of the ECD and cause the ECD to discharge. Keep the ECD at least several inches away from other electronic equipment. Place the ECD safety switch in the down (SAFE) position whenever it is immediately adjacent to electronic equipment (including transmitting radios and cell phones). Remember to place the ECD safety switch in the up (ARMED) position prior to attempting Use.

Hazardous Substances. The ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or

other reproductive harm. Do not disassemble.

SAFETY INFORMATION: ECD DEPLOYMENT AND USE

Minimize Repeated, Continuous, or Simultaneous Exposures. Reasonable efforts should be made to minimize the number of ECD exposures. ECD Users should use the lowest number of ECD exposures that are objectively reasonable to accomplish lawful objectives and should reassess the subject's resistance level before initiating or continuing the exposure.

Sensitive Body Part Hazard. When possible, avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification. The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.

Incapacitation, Falling, and Startle Hazard. ECD Use may cause muscular contraction, Neuro Muscular Incapacitation ("NMI"), startling, and falling, which could result in death or serious injury.

Eye Injury Hazard. If a TASER probe, electrode, or electrical discharge contacts or comes into close proximity to an eye it could result in serious injury, including permanent vision loss. DO NOT intentionally aim an ECD at the eye of a person or animal without justification.

LASER light could result in serious eye injury. The ECD uses a LASER as a targeting aid. Avoid intentionally aiming the LASER at the eye of a person or animal without justification. NEVER aim the LASER at aircraft.

Fire and Explosion Hazard. ECD Use could result in a fire or explosion when flammable gases, fumes, vapors, liquids, or materials are present.

SAFETY INFORMATION: ECD KNOWN AND POTENTIAL SIDE EFFECTS

Muscle Contraction or Strain-Related Injury. ECDs can cause strong or moderate muscle contractions that may result in physical exertion, athletic, or sport-type injury, including, but not limited to, injury such as hernia, rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, nerve, bone, or joint. Fracture to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, conditions or special susceptibilities, which include but are not limited to, known or unknown: pregnancy; osteopenia; osteoporosis; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur when a person reacts to the ECD deployment or discharge by making a rapid movement.

Physiologic or Metabolic Effects. The ECD can produce physiologic or metabolic effects which include, but are not limited to, changes in: acidosis; adrenergic states; blood pressure; calcium, creatine kinase ("CK"); electrolytes (including potassium), heart rate and rhythm; lactic acid; myoglobin; pH; respiration; stress hormones or other biochemical neuromodulators (e.g., catecholamines). Reasonable effort should be made to minimize the number of ECD exposures and resulting physiologic and metabolic effects. In human studies of electrical discharge from a single ECD of up to 15 seconds, these effects on acidosis, CK, electrolytes, stress hormones, and vital signs have been comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Adverse physiologic or metabolic effects may increase risk of death or serious injury.

Higher Risk Populations. ECD Use on a pregnant, infirm, elderly, small child, or low body-mass index (BMI) person could increase the risk of death or serious injury. ECD Use has not been scientifically tested on these populations. The ECD should not be Used on members of these populations unless the situation justifies possible higher risk of death or serious injury.

Physiologically or Metabolically Compromised Persons. Law enforcement personnel are called upon to deal with individuals in crises that are often physiologically or metabolically compromised and may be susceptible to arrest-related death ("ARD"). The factors that may increase susceptibility for an ARD have not been fully characterized but may include: a hypersympathetic state, autonomic dysregulation, capture myopathy, hyperthermia, altered electrolytes, severe acidosis, cardiac arrest, drug or alcohol effects (toxic withdrawal, sensitization to arrhythmias, etc), alterations in brain function (agitated or excited delirium), cardiac disease, pulmonary disease, sickle cell disease, and other pathologic conditions. These risks may exist prior to, during, or after law enforcement intervention or ECD Use, and the subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual

¹ A Certified TASER Instructor possesses and maintains a current TASER instructor certification for the specific product model they are teaching, demonstrating, or using and is required to be fully compliant with TASER's most current training requirements and materials.



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susceptibility, or other factors. In a physiologically or metabolically compromised person any physiologic or metabolic change may cause or contribute to death or serious injury.

Neurocardiogenic Response (Fainting). A person may experience an exaggerated response to an ECD exposure, or threatened exposure, which may result in a person fainting or falling with possible secondary injury.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people. This risk may be increased in a person with a seizure history or if electrical stimuli pass through the head area. This may also result in a person falling with a possible secondary injury.

Stress and Pain. The ECD can cause temporary discomfort, pain, stress, panic, or startle which may be injurious to some people. Anticipation of ECD exposure can cause stress, trepidation, panic, startle, or fear, which may also be injurious to some people.

SAFETY INFORMATION: PROBE OR ELECTRODE INJURY OR INFECTION

Probe or Electrode Injury or Infection Hazard. ECD Use may cause a mark, burn, scar, penetration, other skin, or tissue damage or infection. Provide First Aid and medical care as needed.

Scarring. Use of an ECD may cause irritation, puncture, mark, abrasion, rash, burn, keloid, or other scarring that may be permanent. This risk may be increased when using the M26 or X26 ECD in drive-stun mode with the cartridge removed or the X3 ECD in drive-stun mode due to the multiple sets of electrical contacts. The nature and severity of these effects depends on the area of exposure and method of application, individual susceptibility, and other circumstances surrounding ECD Use, exposure, and after care.

Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ (including lung, bone, or nerve). The probe or dart point (which may detach) can also puncture or become embedded into a bone, organ, or tissue, which may require immediate medical attention, surgical removal, or may result in scarring, infection, or other serious injury.

Penetration Injury Care. Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.

Probe Removal. Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. Follow biohazard protocols for probe removal. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required.

Skin, Wound, or Infection Treatment. ECD Use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus and resulting complications may occur in some circumstances.

Biohazards. Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary. Follow appropriate biohazard, waste, and evidence protocols when dealing with biohazards.

Untethered Discharged Probe. In probe deployment, it is possible that a discharged probe that does not impact a subject or target may become untethered from the wire and travel a significant distance. A loose, untethered probe can cause serious injury.

If you have a condition or pre-existing injury that would be aggravated by muscle contractions, physical exertion, or stress, check the appropriate box below and notify the Instructor prior to participating in the TASER ECD Exposure:

I have no injuries or known physical or mental conditions that could be aggravated by muscle contractions, physical exertion, stress, or exposure to the electrical discharge of TASER ECDs.

I have the following pre-existing physical or mental injuries or physical conditions that could be aggravated by TASER ECD Exposure:

I freely and voluntarily agree to be exposed to the electrical discharge of the TASER ECD under the following conditions:

LIABILITY RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS

In consideration of receiving a TASER ECD Exposure, I acknowledge and agree as follows:

- 1) I understand that a TASER ECD Exposure results in strong muscle contractions, physical exertion, and stress and involves the risk of physical or other injury. I acknowledge that I have read the above Warnings and Risks and current TASER ECD warnings and with full knowledge of such risks, I voluntarily agree to experience a TASER ECD Exposure and I assume all risks, whether known or unknown, foreseen or unforeseen, inherent in the TASER ECD Exposure.
- 2) Intending that this form be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown physical and mental injuries and consequences thereof, whether foreseen or unforeseen, suffered by me from any TASER ECD Exposure. I specifically waive any statutory rights I may have regarding the release of known or unknown claims.
- 3) I further agree that neither I nor my heirs, estate, personal representative, nor any other person or entity will ever institute any action, litigation or suit at law or in equity against the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees for any damages, costs, loss or injury arising out of any and all activities related to and including any TASER ECD Exposure.
- 4) I further agree to indemnify and save harmless the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees from all liability, loss, costs and obligation of any and every kind on account of or arising out of any injuries or losses incurred by me, however occurring, arising out of any and all activities relating to and including any TASER ECD Exposure.
- 5) In signing this form, I agree that I have read and understand this entire form. I affirm that I am competent to agree to, sign, and be bound by this form. I understand that it is a promise not to sue and a release and indemnity for all claims; I further understand that by signing this form I am giving up certain legal rights including the right to recover damages in case of injury; and I agree to abide by the terms and conditions of this form.
- 6) This release does not release any rights I may have under Workers' Compensation Laws. I waive any Workers' Compensation subrogation rights against TASER. I agree that any recoveries under Workers' Compensation Laws do not change, extend or enlarge the waivers and protections inherent in this agreement.

Date _____ Signed _____

Printed Name _____

Agency _____

Mail or fax a copy of this form to:

TASER International
17800 N. 85th St.
Scottsdale, AZ 85255
Fax: (480) 905-2027

